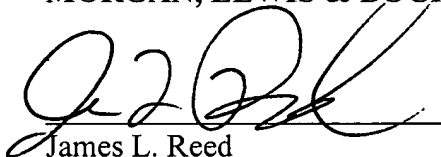


[X] The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

MORGAN, LEWIS & BOCKIUS LLP

A handwritten signature in black ink, appearing to read 'J. L. Reed', is written over a horizontal line.

James L. Reed

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Dated: February 5, 2001

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/671,350	09/27/2000	2152	948	052401-001	2	30	4

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Applicant(s)

David

 Robert David Edwards, Woodbridge, CT ;
 John Stephen Wallack, Ridgewood, NJ ;
 Thomas G Peterson, Wallingford, CT ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/201,266 05/02/2000

Foreign Applications

If Required, Foreign Filing License Granted 11/21/2000

Title

Method and apparatus for delivery of data over a network

Preliminary Class

709

DOCKETED

By KJL Date 11/26/00

Data entry by : WASHINGTON, KAREN

Team : OIPE

Date: 11/21/2000



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Bib Data Sheet

CONFIRMATION NO. 6553

SERIAL NUMBER 09/671,350	FILING DATE 09/27/2000 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. 052401-5001
APPLICANTS Robert David Edwards, Woodbridge, CT; John Stephen Wallack, Ridgewood, NJ; Thomas G Peterson, Wallingford, CT;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/201,266 05/02/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/21/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		STATE OR COUNTRY CT	SHEETS DRAWING 2	TOTAL CLAIMS 30
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		INDEPENDENT CLAIMS 4		
ADDRESS 009629				
TITLE Method and apparatus for delivery of data over a network				
FILING FEE RECEIVED 474	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	